Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: http://www.nol.org/home/NLCC/

| | LIQUURL | ICENSE INF | UKMA. | FION | | | | |
|---|---------------------------|--|--------------------------|---------------|--------------------------------|--------------------------|--|--|
| NAME OF LICENSED CORPORATION | See the see | an spirate com | | CLAS | S & LICE | ISE NUME | BER | |
| CONNOT ENTETPTE | 5.05 | INC | | D | - 2 | 1000 | 57929 | |
| TRADE NAME OF LICENSED PREMISE | | 5. FL Y | | | - | | | |
| Jack POT | | | | | | | | |
| STREET ADDRESS OF LICENSED PREMISE | CITY | | COUNTY | | | | ZIP CODE | |
| 501 WEST A | LINE | 0/11 | LANCA | | | | 68527 | |
| On behalf of the corporation, I designate this individ | dual as corpora | te manager. | | | | | | |
| Signature of Corporate Presider | t/CFO. | | | 20 | | 6 | | |
| Signature of Corporate Fresides | ILCEO. | | | | | | | |
| APPLICAN | I INFORM | IATION (N | IUST I | BE 21 OR | OVER |) | | |
| NAME (LAST, FIRST, MIDDLE, MAIDEN) | SEX | The second secon | | | DATE OF BIRTH | | PLACE OF BIRTH | |
| CONNUT WILLAM E | F M | M 163-11 | | | | | VALENTINE | |
| HOME STREET ADDRESS | | CITY | FT10. 1 | COUNTY | 11/1/20 | STATI | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is | |
| 5820 EIKCREST Dr. (41) | | | WEETE LAPPORTER NE 68516 | | | | | |
| HOME TELEPHONE NUMBER | BUSINESS TELEPHONE NUMBER | | | | DRIVERS LICENSF NUMBER & STATE | | | |
| SPOUSE'S IN | FORMATI | ON (IF NO | T MA | RRIED IN | (DICA) | TE) | | |
| FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) | | | SOCIAL SECURITY NUMBER | | | R DRIVERS LICENSE NUMBER | | |
| Ver Marked | | | | | | & STATE | | |
| DATE OF BIRTH: | | | PLACE OF BIRTH | | | | | |
| 1. READ CAREFULLY. Answer completel | y and accurat | ely. | | | | | | |
| Has anyone who is a party to this application, of | or their spouse | e, ever been co | nvicted o | of or plead g | uilty to a | ny crimina | l charge. Criminal | |
| charge means any charge alleging a felony or resolution. List the nature of the charge, when the charge we have a second or resolution. | nere the charge | e occurred and | the year | r and month | of the co | nviction or | nlea Also list any | |
| charges pending at the time of this application | . If more than | one party, ple | ease list | charges by e | ach indiv | idual's nar | ne. | |
| Yes No | | | | | | | | |
| Yes No | | | | | | | | |
| Yes No | | | | | | | | |

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

□YES

DNO

| Have you or your spouse ever made a comp. □YES □NO □NO | romise settlement for | violation of s | such laws? | | | | | |
|---|--|-------------------|---|------------------------------|--|--|--|--|
| 4. Do you, as a manager, have all the qualification Nebraska Liquor Centrol Act (§53-131.01) □YES □NO | ations required by any | person entit | led to hold a Nebraska Liq | uor License? | | | | |
| 5. Have you filed fingerprint cards and PROP □YES □NO (2, TH ∠1906) | | | he NE State Patrol), with | this application? | | | | |
| RESIDENCES FOR THE | PAST 10 YEARS, A | PPLICANT | AND SPOUSE MUST O | COMPLETE | | | | |
| APPLICANT: CITY & STATE | SPOUSE: C | TTY & STATE | FROM | YEAR FROM TO | | | | |
| LINDY WIVE | 1938 11-12 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| FOR | | -500.00000 | 4-2-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1- | | | | | |
| | PLOYERS - LIST L | | | | | | | |
| FROM TO NAME OF EMPLOYER | 医部门系统切裂 | N | AME OF SUPERVISOR | TELEPHONE N | JMBER | | | |
| 1979 prest Cross-Billen | 1 | like Dillow | - Ly 3 | 198-3000 | | | | |
| 1977 1979 Chrest Te | | 12 /2 2-00° | | | | | | |
| PERSONAL OATH AND CONSE | NT OF INVESTIGA | TION - MU | | PLICANT & SPO | USE | | | |
| STATE OF NEBRASKA) | -1.1 | | 79 | 125/10 | | | | |
| The above individual(s), being first duly sworn upon oath, application, that said application has been read and that the othe applicant(s) shall be deemed guilty of perjury and subject | ontents thereof and all staten | nents contained t | herein are true. If any false statem | ent is made in any part | ove and foregoing of this application. | | | |
| The undersigned applicant hereby consents to an investigation Federal), and bank or lending institution records, and said applicant Control Commission and any other individual disclosing or reaffidavit of non participation may be attached. | n of his/her background inch plicant and spouse waive any | uding all records | of every kind and description inclu of action that said applicant or spo | uding police records, tax | e Nebraska Liquor | | | |
| The undersigned understand and acknowledge that any licens is incomplete and inaccurate. | e issued, based on the inform | ation submitted i | n this application, is subject to cano | cellation if the information | on contained herein | | | |
| Connot Enterprises, In William E. Consult Signature of Applicant | c. President | | C: | | | | | |
| Subscribed in my presence and sworn to before me this | Signature of Spouse (if applicable) | | | | | | | |
| day of Not early 7007 | | day of | Subscribed in my presence and sworn to before me thisday of | | | | | |
| Jan 20 hm = | GENERAL NOTARY - State JAMES FL. C My Comm. Exp. M | GLENN | | | | | | |
| Notary Signature & Seal | | | Notary Sig | gnature & Seal | | | | |